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Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number Substitute for Form PTO-875 CLAIMS AS FILED - PART I OTHER THAN OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) **FOR** NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE **BASIC FEE** (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 =OR X \$ INDEPENDENT CLAIMS (37 CFR 1.16(b)) minus 3 = X \$ OR X \$ MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL OR CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) (Column 1) SMALL ENTITY SMALL ENTITY **CLAIMS** HIGHEST **PRESENT** REMAINING **RATE** NUMBER ADDI-RATE ADDI-**EXTRA PREVIOUSLY AFTER** TIONAL TIONAL ENDMENT **AMENDMENT** PAID FOR FEE FEE Total = Minus (37 CFR 1.16(c)) X \$ OR X \$ di Independent Minus (37 CFR 1.16(b)) X \$ X \$ OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR + \$ TOTAL **TOTAL** OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) **CLAIMS** HIGHEST **PRESENT NUMBER** REMAINING RATE ADDI-RATE ADDI-**EXTRA PREVIOUSLY** TIONAL **AFTER** TIONAL EN PAID FOR FEE **AMENDMENT** FEE = Minus ENDM Total (37 CFR 1.16(c)) X \$ OR Independent Minus = (37 CFR 1.16(b)) X \$ OR X \$ ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL IOIAL OR ADD'L FEE ADD'L FEE (Column 3) (Column 2) (Column 1) HIGHEST **CLAIMS** C **PRESENT** REMAINING NUMBER **RATE** ADDI-RATE ADDI-**EXTRA AMENDMENT PREVIOUSLY** TIONAL TIONAL AFTER **AMENDMENT** PAID FOR FEE FEE Total Minus (37 CFR 1.16(c)) OR X \$\_ Independent Minus (37 CFR 1.16(b)) = OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR = + \$ TOTAL **TOTAL** ADD'L FEE OR ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.